

**South Dakota Department of Human Services
ADA Discharge Screen - Print Out**

Unique ID: 123403051957MHE **First Name:** Jud **MI:** **Last Name:** Clampet
MH Adm Date: **ADA Adm Date:** 10/10/2010
Local ID: 11111-10F400 **Provider:** South Dakota Counseling
Last Treatment Date: 10/12/2010 **Time:** 0:00 **Co-Dependent:** Yes **Living Arrangement at Discharge:** Dependent Living
Reason Discharged: **Emp/UnEmp Status at Discharge:** Not in Labor Force
Treatment completed/planned discharge Employed Full Time Not Applicable
Number of Times Arrested 30 Days Prior to Discharge or since Admission: 0
Did client attend a self-help or support group 30 days prior to admission: 8-15 times in past month (2 or 3 times per week)

Primary Drug Information:

Alcohol

Secondary Drug Information:

Not Applicable

Tertiary Drug Information:

Not Applicable

Primary Gaming Type:

Not Applicable

Primary Frequency:

No Use in Past Month

Secondary Frequency:

Not Applicable

Tertiary Frequency:

Not Applicable

Primary Frequency:

Not Applicable

Referrals:

<input checked="" type="checkbox"/> Alcohol & Drug Provider	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Medical Physician	<input type="checkbox"/> Circuit Court 1
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> Attorney	<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> Circuit Court 2
<input type="checkbox"/> Other Mental Health Provider	<input type="checkbox"/> Parolee Services	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Circuit Court 3
<input type="checkbox"/> Department of Corrections	<input type="checkbox"/> Other	<input type="checkbox"/> Veterans Administration	<input type="checkbox"/> Circuit Court 4
<input type="checkbox"/> Corrections based substance abuse pgms	<input type="checkbox"/> Clergy	<input checked="" type="checkbox"/> AA/Alanon/Alateen	<input type="checkbox"/> Circuit Court 5
<input type="checkbox"/> Division of Alcohol & Drug Abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Gamblers Anonymous	<input type="checkbox"/> Circuit Court 6
<input type="checkbox"/> Other Social Services	<input type="checkbox"/> Employer	<input type="checkbox"/> Narcotics Anonymous	<input type="checkbox"/> Circuit Court 7
<input type="checkbox"/> Department of Social Services	<input type="checkbox"/> School	<input type="checkbox"/> Vocational Rehabilitation	
<input type="checkbox"/> Bureau of Indian Affairs	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> No Referral Made	

ADA Provider Referred to at Discharge:

South Dakota Counseling

ADA Satellite Referred to at Discharge:

State

Recommended Out of State Provider:

ASAM Level of Care/Specific Pgm Referred to at Discharge:

II.1 - Adult intensive outpatient treatment